Substitute for Form PTO-875 APPLICATION AS FILED - PART I							ass it displays a valid OMB control number Application of Dockal Number			
	CALLED .	- PART I						-/-	00	
	(Column 1)	(Column 2)		SM,	ALL EN	TITV	00	0	THER	THAN
FOR BASIC FEE	NUMBER FILED	NUMBER EXTRA				1111	OR	SMALL ENTITY		
(37 CFR 1.16(a), (b) or (c))		HOMBER EXTR	<u>^</u>	RATE ((S)	FEE (\$)	l			
& SEARCH FEE	———		- 11				1	RATE	(5)	FEE (\$)
(37 CFR 1.16(k), (i), or (m)) EXAMINATION FEE	-		7				l		- 1	
(37 CFR 1.16(o), (p), or (n))			1				i i			
TOTAL CLAIMS			- 11		1					
(37 CFR 1.16(I)) INDEPENDENT CLAIMS	minus 20 =		71				١ ١		- 1	
(37 CFR 1.16(h))	1		-	X	=	- 1	OR	x		
	If the specification	•	- 11.	x	_		, , ,	^	=	
APPLICATION SIZE	If the specification and c	drawings exceed 10	0		-		L	X	=	
(37 CFR 1 16(s))	is \$250 (\$125 for small	ilication size fee du	e		- 1	- 1	- 1			
	additional 50 sheets or fi	raction thereof So	. 11		- 1	- 1				
AUU TIDI T					- 1	- 1	- 1			
MOLTIPLE DEPENDENT	CLAIM PRESENT (37 CFR 1.16	S/in	$\dashv \vdash$				L			
• If the difference is column		7077	┙┖		1	- 1				
The street in Column	1 is less than zero, enter "0" ii	n column 2.		Ton	\top					
APPLICATION AS AMENDED - PART II				TOTAL	L			TOTAL	- 1	
	- HANNENDED - E	PART II	•						<u> </u>	
(Col	umn 1) (Cot	Jmn 2) (Column 3								
CI	AIMS T)	SMALL	ENTIT	,	OR	ОТНЕ	R TH	AN
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(J))			1 L =			— [~]	**************************************	200_=	↓	
	MOLTIPLE DEPENDENT CLAIM	(37 CFR 1 16(J))					<u> </u>			
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If the entry in column 1 is les	f the entry in column 1 is less than the entry in column 2, write "0" in column 3 fthe "Highest Number Previously Paid For" IN THIS SPACE is less than 20, e the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, e			EE		OR	TOTAL	. T		
If the Highest Number Previous The Highest Number Previous The Highest Number Previous Illection of information in	ously Paid For IN THIS SPACE	Write "0" in column 3		<u> </u>		J	ADD:L	FEE		- 1
The Highest Alice Previous	ously Paid For IN THIS SPAC usly Paid For (Total or Indepe	is less than 20, ent	er 1201					<u> </u>		

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application to the USPTO. Time will vary depending upon the individual case, Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.